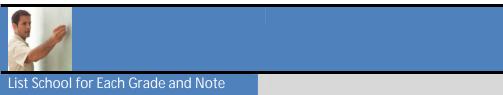
Intake Form

i	
Name/Date of Birth	
Address	
Phone Number	
School/Current Grade (if applicable)	
Mother's Name, Phone #, Email Address	
Father's Name, Phone #, Email Address	
Permission to Communicate by Email?	
Would you like to receive ongoing information from Learning Insights	
(e.g. research, workshop offerings, etc.)?	
Q	
Specific Questions You Would Like Answered as a Result of the Assessment	
Referred by:	

Gestational Period/Birth Weight	
Any Pregnancy Complications?	
Any Delivery Complications?	
Any Developmental Delays?	
Any Early Intervention Services?	
Family Composition/Ages	
Family Composition/Ages Inheritable Conditions (ADHD? Alzheimer's? Schizophrenia? Bipolar Disorder? Dyslexia? Autism Spectrum Disorder? Any other psychological or medical condition?)	
Traumatic Events (accidents, deaths, natural disasters, divorce, abuse, etc.)	



List School for Each Grade and Note Any Retentions	
Preschool	
Kindergarten	
First Grade	
Second Grade	
Third Grade	
Fourth Grade	
Fifth Grade	
Sixth Grade	
Seventh Grade	
Eighth Grade	
Ninth Grade	
Tenth Grade	
Eleventh Grade	
Twelfth Grade	
College	
Graduate School	
Special Education Services Received? If so, please specify what type and when.	
Academic Interests	
Academic Challenges	
Outside Tutoring/Enrichment Programs	

Serious Illnesses?	
Serious Injuries?	
Surgeries/Hospitalizations?	
Last Vision Evaluation Date/Result	
Last Hearing Evaluation Date/Result	
Sleep /Appetite Concerns?	
Any ongoing medical evaluations or concerns?	
Any Social Concerns?	
Recreational Interests	
Personal Strengths and Talents	